MCC form for period ending March 9,

SPI	DES	ID			

Choose one:

○ This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Joint reports require only one cover page.

This cover page must be completed by the report preparer.

Name of MS4												
												L

OR

○ This report is being submitted on behalf of a fingle Entr

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

\bigcirc This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permit MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID

MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
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SPDES ID	SPDES ID	SPDES ID

MS4 Municipal Compliance Certification	on(MCC) Form
MCC form for period ending March 9,	
	SPDES ID
Name of MS4	

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

R

- \bigcirc An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally ording agreements.

If Joint Report, enter coalition name:

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4	

SPDES	SPDES ID														

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Lat VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (, ividual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company narrowin the space, povided).

A separate sheet must be submitted for each position (sted above unless more than one position is filled by the same individual. If one individual fills matrix roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing with report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Electro Official
- Duly Authorized Represent ave
- Local Stormwater Public Untact
- Stormwater Management Program (SW IP) Coordinator
- Report Preparer

First Name	MI	Last Name
Title		
Address		
City		State Zip
eMail		
Phone		County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,						
	SPI	DES	ID			
Name of MS4						

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Co	alitic	onNai	ne	1						1				1		1	1			1									
Partner/Co	alitio	on Na	me (o	con't	.)								-								SPI	DES	Pai	rtne	r ID	- I	fapi	olica	able
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Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certificat	ion(M	CC)	For	m		
MCC form for period ending March 9),					
		SPDE	S ID			
Name of MS4						

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer a ranging elected official, or duly authorized representative of that person as described in GP-008-002 Pa. VI.J.

MI	✓ st Name				
		Date]/		
e DEC	Central Office	at:			
			Date	Date	Date

Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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Name of M	IS4/Coa	alition																						
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MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MS4/Coalition SPDES ID
Minimum Control Measure 1. Public Education and Outreach
The information in this section is being reported (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?
1. Targeted Public Education and Outreach Best Management Proctices
Check all topics that were included in Education and Outreach aring is reporting period:
• Construction Sites • Pesticide and Fertilizer Application
○ General Stormwater Management Information ○ Pet Waste Management
O Household Hazardous Waste Disposal
○ Illicit Discharge Detection and Elimination ○ Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance ○ Trash Management
• Smart Growth • Vehicle Washing
• Storm Drain Marking • • Water Conservation
○ Green Infrastructure/Better the Design/ ow Impact Development ○ Wetland Protection
Other: O None Other Other
 2. Specific audiences targeted during this reporting period: O Public Employees O Contractors

○ Residential	\bigcirc Developers

○ General Public \bigcirc Businesses

 \bigcirc Industries \bigcirc Restaurants

Ο	Other:	

\bigcirc Other:			0	Agr	icul	ltur	al											
Other																		

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPE	DES	ID			
Name of MS4/Coalition							

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

\bigcirc Construction Site Operators Trained	# Trained	
○ Direct Mailings	#Mailings	
○ Kiosks or Other Displays	# Locations	
○ List-Serves	# In List	
○ Mailing List	# In List	
• Newspaper Ads or Articles	Days Run	
• Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
 Printed Materials: Locations (e.g. libraries, town offices, kices) Image: Description of the state of the sta	# Distributed	
\bigcirc Web Page Provide specific web addresses - not home page Continue on n	ext nage if ad	ditional space is

• Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

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This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPD	L'C	ID			
Name of MS4/Coalition							

3. Web Page con't.: Provide specific web addresses - not home page. URL URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPL	DES	ID			
Name of MS4/Coalition							
Nume of MD+/ Countion							

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

B. Briefly summarize the observations that in the ted the outrall effectivene Goal.	ess of this Meas	surable
C. How many times was the observation measured or evaluated in this rep	orting period?	
		rticipants/events
D. Has your MS4 made progress toward this Measurable Goal during this		-
• • • •	○ Yes	\bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	\bigcirc Yes	\bigcirc No
F Priofly summarize the stormwater activities planned to meet the goals of	f this MCM du	rina

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).



MS4 Ani	nual Report l	Form				
This report is being submitted for the	e reporting per	iod ending	g March 9,			
If submitting this form as part of a joint r	eport on behalf o	of a coalition		5 ID	blank	
Name of MS4/Coalition			SPDES ID			
Minimum Control Measure	2. Public In	volvemer	nt/Particip	<u>atic</u>	<u>)n</u>	
The information in this section is being reported (a	check one):		_			
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	nis report?					
1. What opportunities were provided for p development, evaluation and improveme (SWMP) Plan during this reporting peri	ent of the Storn	nwater Ma	nagement P	·	ram	
○ Cleanup Events			# Events			
○ Comments on SWMP Received			#Comments			
• Community Hotlines	Phone)]_[
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Phone # ()	Phone #] /	」 [] _ [
Phone # ()	Phone #] / []	」 [] _ [
• Community Meetings			# Attendees			
 Plantings 			Sq. Ft.			
 Storm Drain Markings 			#Drains			
 Stakeholder Meetings 			# Attendees		<u> </u>	
-			# Attendees # Events			
○ Volunteer Monitoring			# Events			
Other:						
2. Was public notice of availability of this a Program (SWMP) Plan provided?	annual report a	and Stormy	water Mana	0	ent Yes	○ No
\bigcirc List-Serve			# In List			
\bigcirc Newspaper Advertising			# Days Run			
○ TV/Radio Notices			# Days Run			

 \bigcirc Web Page URL: Enter URL(s) on the following two pages.

 \bigcirc Other:

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPI	DES	ID			

Name of MS4/Coalition

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

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This report is being submitted for the reporting period ending March 9,

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SPI	DES	ID			

Name of MS4/Coalition

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	orting period ending March 9,
If submitting this form as part of a joint repor	t on behalf of a coalition leave SPDES ID blank.
	SPDES ID
e of MS4/Coalition	
Where can the public access copies of this an	nual report. Stormwater Management
Program SWMP) Plan and submit comments	
Enter address/contact info and select radio butto	n to indicate which document is available and
whether comments may be submitted at that loca	ation. Submit additional pages as needed.
S4/Coalition Office	\bigcirc Annual Report \bigcirc SWMP Plan \bigcirc Comme
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ibrary Address	
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ther Address	\bigcirc Annual Report \bigcirc SWMP Plan \bigcirc Comme
City	Zip
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/eb Page URL:	report can be accessed - not home page

MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MS4/Coalition SPDES ID
4.a. If this report was made available on the internet, what date was it posted? Leave blank if this report was not posted on the internet. Image: the internet is the in
4.b. For how many days was/will this report be posted?
If submitting a report for single MS4, answer 5.a If submitting a point report, answer 5.b
5.a. Was an Annual Report public meeting held in this report period? O Yes No If Yes, what was the date of the meeting? / / / / / / / / / / / / / / / / / / /
If No, is one planned? \bigcirc Yes \bigcirc No
5.b. Was an Annual Report public meeting held for all M 4s contributing to this report during
this reporting period? O Yes No
If No, is one planned for each? O Yes O No
6. Were comments received during this practing period? ○ Yes ○ No If Yes, attach comments, responses the changes made to SWMP in response to comment to the report. ○ Yes ○ No

V

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPD	ES	ID			
Name of MS4/Coalition						

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

	•
. Briefly summarize the observations that in succeed the one ca	all effectiveness of this Measurable
Goal.	•
. How many times was the observation measured or evaluate	ed in this reporting period?
	cu in this reporting periou.
. How many times was the observation measured or evaluation	
. How many times was the observation measured of evaluation	
	(ex.: samples/participants
	during this reporting period?
9. Has your MS4 made progress toward this measurable goal of	during this reporting period? ○ Yes ○ No
9. Has your MS4 made progress toward this measurable goal of	during this reporting period? ○ Yes ○ No he SWMPP?
D. Has your MS4 made progress toward this measurable goal of C. Is your MS4 on schedule to meet the deadline set forth in th	during this reporting period? \odot Yes \odot No he SWMPP? \odot Yes \bigcirc No
 D. Has your MS4 made progress toward this measurable goal of E. Is your MS4 on schedule to meet the deadline set forth in the F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule) 	during this reporting period? \bigcirc Yes \bigcirc No the SWMPP? \bigcirc Yes \bigcirc No et the goals of this MCM during

This report is being submitted for the	ne reporting period ending March 9,
If submitting this form as part of a joint	report on behalf of a coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to t 	his report?
1. Enter the number and approx. percent	of outfalls mapped: #%
2. How many of these outfalls have been so	creened for draweather a charges during this
reporting period (outfall reconnaissance	
3.a.What types of generating sites/sewershe	eds were tail the for inspection during this
reporting period?	
○ Auto Recyclers	O Landscaph. (Irrigation)
O Building Maintenance	
○ Churches	O Meta Plateing Operations
• Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Pary Cleaner	• • Parking Lot Maintenance
• Construction Vehicle V shouts	○ Printing
• Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
\odot Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops
Other:	○ None
• Sewersheds:	

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If submitting this form as part of a j	oint re	port	on bel	nalf	of a	coaliti					ID b	lank.	
							ĺ	SPDE	<u>S ID</u>) 			
Name of MS4/Coalition													
3.b.What types of illicit discharges have	been	fou	nd du	irin	g tł	nis rep	port	ing	peri	od?	•		
○ Broken Lines From Sanitary Sewer	○ In	dustr	rial Co	onne	ctio	ns							
\bigcirc Cross Connections	○ In	flow	/Infiltr	atio	n								
○ Failing Septic Systems	⊖ Pt	ımp	Station	n Fa	ilur	e							
○ Floor Drains Connected To Storm Sewers	⊖ Sa	nita	ry Sew	ver (Over	flows							
○ Illegal Dumping	○ St	raigł	nt Pipe	e Sev	ver	Dir 18	arge	8					
O Other:	O No	one											
4. How many illicit discharges/potentia reporting period?		7				•							
5. How many illicit discharges have been seen as the second	en cor	nfi (ner d	Un	g t	his re	por	rting	per	10 d			
6. How many illicit discharges/illigal coperiod?	or <u>ec</u>	tion	sav	e be	en	elimiı	nate	ed dı	ırin	g th	nis re	epor	ting
7. Has the storm sewers but mapping b If No, approximately that percent has		-				-			riod	?	0	Yes	○ No
8. Is the above information a ¹¹ ole in		?									0	Yes	○ No
Is this information available on the v If Yes, provide URL(s):	veb?										0	Yes	○ No
Please provide specific address of page	where	e ma	$\mathbf{p}(\mathbf{s})$ c	an h	e a	ccesse	ed -	not ł	10m	e na	ige		
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This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDE	S ID			
Name of MS4/Coalition					

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page URL

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- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes O No
- **10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** O Yes O NO O NT
- 11. What percent of staff in relevant positions and departments has received IDDE training?

8

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPD	ES.	ID			
Name of MS4/Coalition							

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

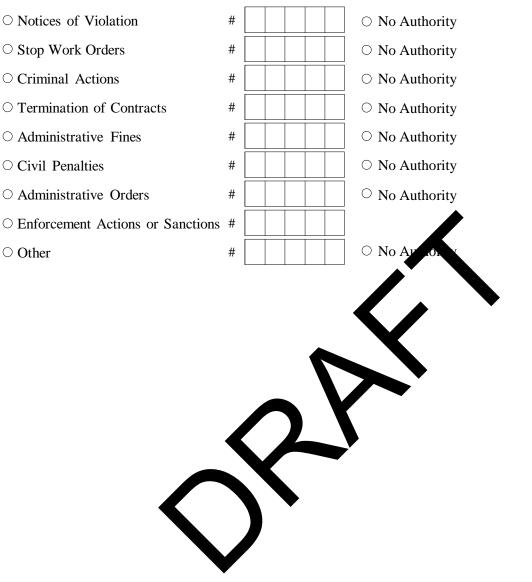
Briefly summarize the observations that in the tool the observations that in the tool the observal effect	tiveness of this Measurable
How many times was the observation measured or evaluated in this	is reporting period?
	(ex.: samples/participants/
Has your MS4 made progress toward this measurable goal during	\bigcirc Yes \bigcirc No
Is your MS4 on schedule to meet the deadline set forth in the SWM	
is your 10154 on schedule to meet the dedunite set for them in the 5 with	\bigcirc Yes \bigcirc No
Briefly summarize the stormwater activities planned to meet the go	oals of this MCM during
the next reporting cycle (including an implementation schedule).	

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

If submitting this form as part of a joint report	on behalf of a coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
Minimum Control	Measures 4 and 5.
Construction Site and Po	
The information in this section is being reported (check of	one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this rep 	ort?
1a. Has each MS4 contributing to this report ado mechanism that provides equivalent protectio	
Stormwater Discharges from Construction Ac	tivities O Yes O No
equivalent to a NYSDEC Sample Local Law for Sediment Control through either an attorn of Analysis Workbook? If Yes, Towns, Cities and Villages room date	
2. Does your MS4/Coalition a Suppreview	ew procedure in place? O Yes O No
3. How many Construction Stormwater Pollution reviewed in this reporting period	n Prevention Plans (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for comments related to construction SWPPPs?	or receipt and consideration of public O Yes O No O NT
If Yes, how many public comments were receive	d during this reporting period?
5. Does your MS4/Coalition provide education a SWPPP process?	nd training for contractors about the local \bigcirc Yes \bigcirc No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:



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			SPDI	ES I	D			
Name of MS4/Coalition	Name of MS4/Coalition							

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for distribunces of one during this reporting period?	acre or	more
2.	How many construction projects disturbing at least oncacre were active in you	ır inrisd	iction
	during this reporting period?		
3.	What percent of active construction sites were in peccent during this reporting	period?	\bigcirc NT
			© N1
4.	What percent of active construction areas we thinspected more than once?		\odot NT
			%
5.	Do all inspectors working on behalf of the MS4s contributing to this report us	e the NY	S
	Construction Stormware Inspection Manual?		
6.	Does your MS4/Coalition physical public access to Stormwater Pollution Preve (SW/DDDs) of construction projects that are subject to MS4 region and approximate		ans
	(SWPPPs) of construction projects that are subject to MS4 review and approv		~ `
		\bigcirc No	\odot NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av	vailable f	for
	public review?	\bigcirc Yes	○ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition	

SPDES ID

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

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This report is being submitted for the reporting period ending March 9,

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	SPD	ES	ID			
Name of MS4/Coalition						

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

of this Measurable
of this Measurable
of this Measurable
ting period?
ex.: samples/participants
orting period?
○ Yes ○ No
\bigcirc Yes \bigcirc No
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This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID							
Name of MS4/Coalition									

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater many genent practices has your MS4/Coalition inventoried, inspected and maintained in this suport. period?

	inventorieu, inspecteu unu inui		porting	
	# Inventoried	# Inspections	# Time Maintained	
○ Alternative Practic	res			
○ Filter Systems				
○ Infiltration Basins				
○ Open Channels				
\bigcirc Ponds				
\bigcirc Wetlands				
\bigcirc Other				
-	electronic to 1 (12. GIS, dat ions and maintanance?	abase, spread	sheet) to track pos	t-construction \bigcirc Yes \bigcirc No
• •	non-structural practices hav Better Site Design/Green Inf		-	Impact
O Building Codes	O Municipal Comprehensive I	Plans		
Overlay Districts	O Open Space Preservation Pr	rogram		
\bigcirc Zoning	\bigcirc Local Law or Ordinance			
○ None	\bigcirc Land Use Regulation/Zonin	ıg		
○ Watershed Plans	\bigcirc Other Comprehensive Plan			
O Other:				

MS4 Annual Report Form	
This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDE	ES ID blank.
SPDES ID	
Name of MS4/Coalition	
4a. Are the MS4s contributing to this report involved in a regional/watershed wide play	0
	\bigcirc Yes \bigcirc No
4b. Does the MS4 have a banking and credit system for stormwater management pract	
	\bigcirc Yes \bigcirc No
4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for and approval of banking and credit of alternative siting of a stormwater management	
	\bigcirc Yes \bigcirc No
4d. How many stormwater management practices have been implemented as part of the reporting period?	is system in this
5. What percent of municipal officials/MS4 staff responsele for program implementation training on Low Impace Development (LID), Better Site Usign (BSD) and other Gaussian Infrastructure principles in this reporting periods.	

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	SPD.	ES	ID			
Name of MS4/Coalition						

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Briefly summarize the observations that in succeed the overall e	effectiveness of this Measurable
bal.	
How many times was to observe on measured or evaluated i	n this reporting period?
How many times was the observation measured or evaluated i	n this reporting period?
How many times was the observation measured or evaluated i	
	(ex.: samples/participant
How many times was the observation measured or evaluated i Has your MS4 made progress toward this measurable goal dur	(ex.: samples/participant
Has your MS4 made progress toward this measurable goal dur	(ex.: samples/participant ring this reporting period? O Yes O No
	(ex.: samples/participant ring this reporting period? O Yes O No
Has your MS4 made progress toward this measurable goal dur	(ex.: samples/participant ring this reporting period? O Yes O No WMPP? O Yes O No

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPI	DES	ID			

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

1. Choose/list each municipal operation/facility that contributes of may potentially contribute Pollutants of Concern to the MS4 system. For each eration/fach y indicate whether the Coalition's Stormwater Management operation/facility has been addressed in the MS4' Program(SWMP) Plan and whether a self-assessm t **been performed during the** reporting period. A self-assessment is performed to? determine the sources of pollutants potentially generated by the permittee's operated ons and cilities; 2) evaluate the effectiveness of existing programs and 3) identify municipal operations and facilities that will be addressed by the pollution prevent h and good housekeeping program, if it's not done already.

	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u>
Operation/Activity Acility	<u>n SWMP? vears?</u>
Street Maintenance O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Bridge Maintenance O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Winter Road Maintenance O Yes	\odot No \bigcirc Yes \bigcirc No
Salt Storage O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Solid Waste Management O Yes	\bigcirc No \bigcirc Yes \bigcirc No
New Municipal Construction and Land Disturbance O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Right of Way Maintenance O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Marine Operations O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Hydrologic Habitat Modification O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Parks and Open Space O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Municipal Building O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Stormwater System Maintenance O Yes	\odot No \bigcirc Yes \bigcirc No
Vehicle and Fleet Maintenance O Yes	\bigcirc No \bigcirc Yes \bigcirc No
Other O Yes	\bigcirc No \bigcirc Yes \bigcirc No

This report is being submitted for the reporting period ending N If submitting this form as part of a joint report on behalf of a coalition le		D blar	ık.	
Name of MS4/Coalition	PDES ID			
2. Provide the following information about municipal operations good	housekeepi	ng pro	ograr	ns:
○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres			
○ Streets Swept (Number of miles X Number of times swept)	# Miles			
○ Catch Basins Inspected and Cleaned Where Necessary	#			
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
• Nitrogen Applied In Chemical Fertilizer	# Lbs.			
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide value) period X humber of times applied to the nearest tenth.) 	# Acres		•	
3. How many stormwater management trainings have been provided to during this reporting period?) municipal	empl	oyees	8
4. What was the date of the asy pink 2		/		
5. How many municipal uployees lave been trained in this reporting	period?			
6. What percent of municipal exployees in relevant positions and depa stormwater management training?	rtments rec	ceive		%

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coolition			SPL	DES	ID			
	Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Briefly summarize the observations that in succeed the bal.	on call effectiveness of this Measurable
. How many times was the observation measured or eva	luated in this reporting period?
. How many times was the observation measured or eva	luated in this reporting period?
	(ex.: samples/participant;
	(ex.: samples/participant; goal during this reporting period?
9. Has your MS4 made progress toward this measurable	(ex.: samples/participant: goal during this reporting period? • Yes • No
2. How many times was the observation measured or eva b. Has your MS4 made progress toward this measurable c. Is your MS4 on schedule to meet the deadline set forth	(ex.: samples/participant. goal during this reporting period? O Yes O No

This report is being submitted for the reporting period ending March 9,

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CDDEC ID

		ID		
Name of MS4/Coalition				
		 <u> </u>		

Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

MS4s must answer the questions or check NA as indicated in the ble below.

1			
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-		-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	1,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10 12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,1 ,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	3.4,5,8b,1t 12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2, ^{2b} 10, b, 12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	,4,5,66, 0,11,12	Phosphorus
Greenwood Lake Watershed		-	-
Traditional Land Use	1,4,6,7a-d,8	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a- <i>e</i> a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7 8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay		-	-
Traditional Land Use	1.4.7a-d,9,1 12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	9,10,1 2	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-a,	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a, 0,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a. 10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	7a-d.8	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,0, a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

Yes \bigcirc No \bigcirc N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

 \bigcirc Yes \bigcirc No \bigcirc N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

%

Additional BMPs Page 1 of 3

This report is being submitted for the reporting period ending March 9,

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		SPI	DES	ID			
ſ							
Name of MS4/Coalition							

- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes O No O N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?
- 5. Has your MS4/Coalition developed a program that provides restection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Oregonal Statement Oregonal Sta
- 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Concrusion Activities (GP-0-08-001), including the New York State Stormwater Decay, Manus Enhanced Phosphorus Removal Standards?
- 7a. Does your MS4/Coalition have a recofitting program to reduce erosion or phosphorus/nitrogen/prinogen adding?
 O Yes
 No
 N/A
- 7b. How many projects have een situation this reporting period?
- 7c. What percent of the projects included in 7b have been completed in this reporting period?
- 7d. What percent of projects planned in previous years have been completed?



○ No Projects Planned

- 8a.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? O Yes O No O N/A
- 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes O No O N/A

<u>MS4 Annual Report Form</u>			
This report is being submitted for the reporting period endin	ng March 9,		
If submitting this form as part of a joint report on behalf of a coalitie	on leave SPDES	ID blan	<u>k.</u>
Name of MS4/Coalition	SPDES ID		
9. Has your MS4/Coalition developed and implemented a program	of native plan O Yes		○ N /A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste	e on municina	l nrone	rties and
prohibiting goose feeding?	○ Yes	O No	○ N/A
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	○ N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	○ No	○ N/A